MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

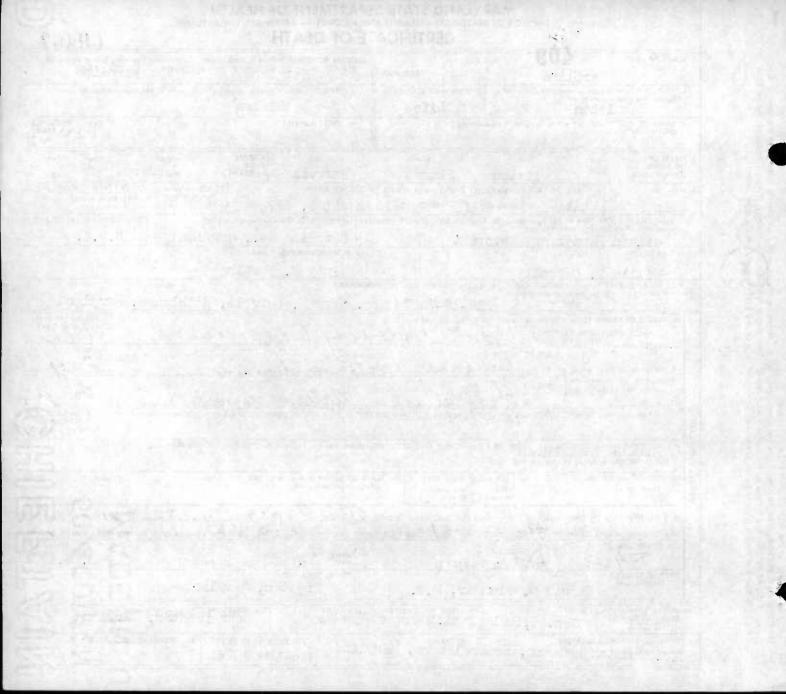
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CED.	TIEIC	ATE	OF F	DEATH
CER		AIL		JEA III

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o. COUNTY	Caroline	MARYLAND	o. STATE Nary	L COLIN	TY Caroline
RURAL and give n	(If outside corporate limits, write nearest town) Lehem	c. LENGTH OF STAY IN 16		outside corporate limits, write lehem	e RURAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in hospital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\textsquare\)
3. NAME OF DECEASED (Type or print)	First Clinton	Middle Thomas	Carroll	Δε	Annth Doy Year anuary 22 19 61
5. SEX Male		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH AUgust 5, 18	9. AGE (In year last birthday	ors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATI during most of wor Retired 13. FATHER'S NAME	rking life, even if retired)	b. KIND OF BUSINESS OR INDU chant	JSTRY 11. BIRTHPLACE (Stat	e or foreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVI	T. Carroll ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Aney F.	A	Address ehem, Maryland
Conditions, if a gave rise to couse (o), stating lying couse lost.	immediate bull TO (c)	line for (a), (b), and (c).] Cutte Carb Fromary a Entralizek S CONTRIBUTING TO DEATH BU	rteriscle arteris T NOT RELATED TO THE TERM	clusion creais sclerasie	GIVEN IN PART 1(a) 19. WASAUTOPSY PERFORMED?
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Day, Year 20d Whi	1 1	ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	m, 20f. (City or town)	
	ased alive an A 2	ummey	death accurred at 2.5 M.D. ATTENDING TO 16 22d. ADDRESS		32, 19. 6 I that (I) (we) last and an the date stated above. 22b. DATE Jan. 25, ISOL
23a. BURIAL, CREMATIC REMOVAL (Specify BULL)	ON, 23b. DATE THEREOF Jan. 25, 196	23c. NAME OF CEMETERY OF Junior Order	or CREMATORY Ceme tery	23d. LOCATION (City, town Near rest	on, or county)
J.J.Fram	tom and Son, Fe	ADDRESS ederalsburg, Mai	00 T 00 70 CT	JAN 2 7 '61	EGISTRAR'S SIGNATURE CINTLING & KLANA

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

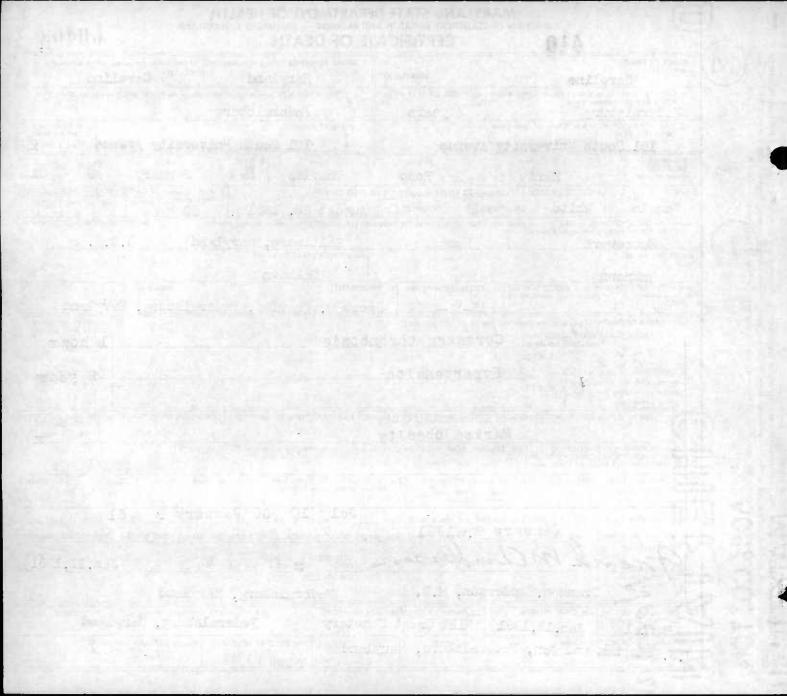
CEDTIEICATE OF DEATH

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		4		CEKTIFI	CAIE	OF DEATH				0020	0
M		PLACE OF DEATH				JSUAL RESIDENCE (W	here deceased		n: Residence be	efore admissio	n)
		Carolin	ie	MARYLA	AND	Mary	Land	b. COUNTY	Caroli	ne	
		CITY OR TOWN (If outside RURAL and give neorest tow		c. LENGTH OF STAY IN	1 1b	CITY OR TOWN (IF	autside carpore	ate limits, write RU	RAL and give	nearest tawn)	
		Federalsburg		4 years		Feder	ralsbur	g			
		OR INSTITUTION	ot in hospital, give street of	oddress)		d. STREET ADDRESS				e. IS RESID ON A F	ENCE ARM?
	L		University	Avenue		101 8	South U	niversity	Avenu	LE YES	
X	3.	NAME OF DECEASED	First	Middle	HEL	Last	4. DATE	Month		Day Ye	
		Type or print)	Marie	Rose		Charles	OF DEATH	Jamus	ery	9 19	61.
	S.		LOR OR RACE 7. MARRI	IED 🙀 NEVER MARRIED	B. DA	TE OF BIRTH	5	lost birthdoy)	Months Day		24 HRS.
			ite WIDOWE		A		1891	69 yrs.			
1	10a	 USUAL OCCUPATION (Give during most of working life, 	kind of work done 10b. I	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign cou	entry)	12. CITIZEN	OF WHAT CO	UNTRY?
		Housework		Home		Baltimore		land	U.S.	A	
	13.	FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
		Unknown				Unknow	wm				
		WAS DECEASED EVER IN U. 1 , no, or unknown] [(If yes, give	S. ARMED FORCES? 16. :	SOCIAL SECURITY NO.	17. INFORM	MANT		Addre	SS		
		No	2	16-32-2894	Jaco	ob O. Char	les, Fe	deralsbu	rg, Mar	yland	
		18. CAUSE OF DEATH [Ent		ne for (o), (b), and (c).]						NTERVAL BETY	
		PART I. DEATH WAS	COUSED BY: CO	ronary th	romb	osis				hour	
		420 - 1	DUE TO								
	В	Canditions, if any, whi	(b) Hy	pertensio	n		- 14			2 ves	278
	Н	gove rise to immedio couse (a), stating the <u>unde</u>									
	-	lying couse last.) (c)								
	CATION	PART II. OTHER SIGN	NIFICANT CONDITIONS C			RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(o) 19. WAS AL PERFOR	MED?
				ked obesi						YES 🗌	NO
0	L CERTIF	20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	JSE OF DEATH	CRIBE HOW INJURY OCC	CURRED. (En	ter nature af injury in	Part I or Port	II af item 1B.)			
	MEDICAL	20c. TIME OF INJURY Mont Hour a. m.	th, Doy, Year 20d. IN While 19 at work	Not while	0e. PLACE C factory,	OF INJURY (Home, for street, office bldg., et	m, 20f. (City	or tawn)	(Coun	ty)	(Stote)
	2	p. m. 21. I certify that (i) (t	of work		ram	July 10 10	60 Ja	nuary 9	10 61	that (I) (w	e) last
		saw the deceased ali	ve January	9,19196 Ind t	hat death	occurred at4	AM. from t	he causes and	an the do	ate stated o	abave.
-	-	220 SIGNATURE								22h.	DATE
		Trenh	- Mels	ndorse	M.D.	ATTENDING A	AED. DIRECTOR	STAFF PHYS.	Jε	n.11,1	36I
		224 PHYSICIAN'S NAME (Type)	1 11 11			22d. ADDRESS					
		Fra	ank M. Ander	son, M.D.		Federal	sburg,	Maryland			
	230	BURIAL, CREMATION, 23b.		23c. NAME OF CEMET			23d. LOCATI	ON (City, town, a	r county)	(State)	
		REMOVAL (Specify) Burial J	Jan. 12, 1961	Hill Cres			rede:	ralsburg,	MaryL	and	
0	24.	FUNERAL DIRECTOR'S SIGNA	TURE Son. Fede	ralsourg. M	aryla	nd 250. REC	D BY REGISTE	RAR 25b. REGIST	TRAR'S SIGNA	TURE	
TO TO	1 0	"1 "LI OHIT PORT OF		-,		DATES	N 1 3 '61	Cirle	will by I have		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

VR A15 (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	o. STATE	NCE (Where decease	d lived. If instituti b. COUNTY		fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town) Tederalsburg	c. LENGTH OF STAY IN 16 Life	c. CITY OR TO	WN (If outside corpo ederalsbur		URAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 318 North Main		d. STREET ADI	DRESS 18 North N	Main Stre	et	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Nellie	Middle Baker	Nichol.	4. DATE OF DEATH	Janua		Pay Year
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		8. DATE OF BIRTH November	8, 1874	9. AGE (In years lost birthday) 86 yrs.	Manths Doys	Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) Housework 13. FATHER'S NAME	Home		ine Co., 1		U.S.	A.
Henry Baker		Nan	cy Brodes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St. (Yes, no, or unknown) (If yes, give war or dates of service)	00	eroy J. N	ichols, Fe	ьм ederalsbu		rland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storting the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	neralest My Des	d ar	Lerwin Mal DISEAS	xlero	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	Nat while for	ACE OF INJURY (Hoctory, street, office b	ome, form, 20f. (Cit	y or town)	(County	y) (State that (1) (we) las
saw the deceased dive an land 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) W. E. Lennon, M.	141966, and that com	M.D. ATTENDING PHYS. 22d. ADDRES	MED. DIRECTOR	the causes ar	Jan.	
23o. BURIAL, CREMATION, REMOVAL (Specify) Burial Jan. 17, 1961	23c. NAME OF CEMETERY OF Hill Crest	R CREMATORY	23d. LOCA	TION (City, town, eralsburg	or county)	nd (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federal	ralsburg, Mary	Land	DATE JAN 1 8		istrar's signat	

u 1149.					\$ <u>\$</u>	
	MELTOLIS.					
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Then please remave carban papers. Pages 1 and

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

COAST

	1.19		CERTIFICA	LIE OF	DEATH					005	577
1. PLACE OF D o. COUNTY	Caroline		MARYLAND	2. USUAL R o. STATE	ESIDENCE (WI		lived. If institution b. COUNTY	11	oli:		ion)
RURAL an	TOWN (If outside corporate lind give nearest town) reston — Rural	nits, write	c. LENGTH OF STAY IN 16	c. CITY C	77%	ton -	ote limits, write RI Rural	URAL ond	give ne	arest town)
d. NAME OF	F HOSPITAL (If not in hospital, TUTION Near mi		address)	d. STREE	T ADDRESS Near	Smith	son				IDENCE FARM?
3. NAME OF DECEASED (Type or prin		^{irst} erick	Middle	Quidas	Last	4. DATE OF DEATH	Janua Janua		19	,	Year 1961
s. sex	6. COLOR OR RACI	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF B	1887, 1887		9. AGE (In years lost birthdoy) 73 yrs.	Months	Days Days	Hours Hours	R 24 HRS Min.
during mos	CUPATION (Give kind of works of working life, even if retire	done 10b.	KIND OF BUSINESS OR INDU			e Co.,	untry) Marylan		IZENO	A.	OUNTRY
13. FATHER'S N 15. WAS DECEA (Yes, no, or unknow)	Otto R. Quid ASED EVER IN U. S. ARMED FO	RCES? 16.		NFORMANT	Albe	rtine	Schulke as. Pres	ton,	·ld.	. RFI	0
18. CAUSI	E OF DEATH [Enter only one RT I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1	couse per li	ne for (o). (b), and (c).]						LINT	ERVAL BE SET AND 1 hr	TWEEN DEATH
gove ris	ons, if ony, which se to immediate stating the <u>under-</u> see last.	0	teriosclerot neralized A							10yr 15yr	
ZO PAI	T II. OTHER SIGNIFICANT CO	NDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o)	PERFO	RMED?
	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATI NOTIFY MEDICAL EXAMINER	1	CRIBE HOW INJURY OCCURR	ED. (Enter notu	e of injury in	Port I or Port	II of item 1B.)				
	o. m. p. m.	ear 20d. II While of wor	Not while fe	LACE OF INJUI			or town)	(County)		(Stote
	rify that (1) (this haspit deceased alive on	19/	ded the deceased fram. 19 <u>61</u> , and that)		red at		1/19/ the causes an		e date		abave
22c. PHYSI NAME	(T)	3. Plu	mmer, M.D.	22d. AC		eston,	Marylar	nd			
230. BURIAL, C REMOVAL Buria			23c. NAME OF CEMETERY OF Junior Orde				ion (City, town, or Presto:		ryl	Stot	e)
24, FUNERAL D	RECTOR'S SIGNATURE Son		reisourg, Mar	yland		D BY REGISTI		STRAR'S SI			-

rear to the sa educately enthance steemsteentrates beginnings

and 2 should be filed with

may be regarded by the hispital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event within 72 haurs ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

VR A15 (4) 15M 9/59

rs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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alls who all					
1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE		nstitution: Residence be	
b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest lown)	write c. LENGTH OF STAY IN 16	Rural Ric	iutside carporate limits, v	write RURAL and give I	nearest town)
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	e street address) ONE	d. STREET ADDRESS	None		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print) William	Hersey	Redden	4. DATE OF DEATH	Month 1	2 1961
Male White	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 11-4-1873	9. AGE (In last birt)	yrs. Manths Day	
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Farm Owner	Farming				OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
John Redden		INFORMANT	ary Knowe	Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dales of serv	rice)	rs. Mildred	Lister R		aryland
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> couse last. (b) DUE TO (c)	Gemeralize	d Arteriosc	lerosis		
(0)-	ITIONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	0b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Port II of item	18.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19		PLACE OF INJURY (Hame, form factory, street, office bldg., etc.		(Cauni	ty) (State
21. I certify that (!) (this haspital) saw the deceased alive an Jan		death accurred a 6A	M, fram the caus		ite stated above
220- PHYSICIAN'S	ouasfer	M.D. ATTENDING M PHYS. DI	ED. STAFF RECTOR PHYS. [22b. DATE SIGNED
Charles H. Stone		Greensbo	oro. Mary		
230. BURIAL, CREMATION, 236. DATE THEREOF BUTIAL 1-5-61	Greensbo		23d. LOCATION (City, Greensbo	ro, Mary	(State)
24 PUNERAL DIRECTOR'S SIGNATURE	Preensloro	ma DATBAN	4-4	REGISTRAR'S SIGNA	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY CAROT	INE, CO.		MARYLA		a. STATE	TLAND	ere deceased liv	h COUNTY	on: Resident		dmission)
b. CITY OR TOWN (II	f outside corporate limits,	write c. L	ENGTH OF STAY IN	1 16	c. CITY OR TO	WN (If ou	utside corporote	limits, write R	URAL and g	give nearest	town)
RURAL and give ne	IRG, MARYLAN	m. T	IFE	X	FEDERAT	BURG	. MARYI	AND.			
	AL (If nat in haspital, giv			1	d. STREET ADD		14111111	KIND .			RESIDENCE ON A FARM?
NONE					NONE					YE	NO 🗌
3. NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Mon	th	Day	Yeor
(Type or print)	GE	ORGE	W.	SEI	LERS		DEATH	1.		24	19 61
S. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	8. D	ATE OF BIRTH			AGE (In years ast birthday)			INDER 24 HRS.
MALE.	WHITE	WIDOWED X	DIVORCED		/24/187	77		3 yrs.	Months	Days Ho	ours Min.
10a. USUAL OCCUPATIO	N (Give kind of wark do	ne 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (State o	or foreign caunt	(Y)	12. CITI	ZEN OF WH	IAT COUNTRY?
FARMER	ing life, even if retired)	FAR	RMER		MARYI	.A ND			1	U.S.A.	
13. FATHER'S NAME		1 1.41	us adabb b	14	. MOTHER'S M		AME		-1	O D DE	
TOWN F	SELLERS			FITTA	BETH J.	PIIM	BIFY				
	R IN U. S. ARMED FORCE	ES? 16. SOCI	IAL SECURITY NO.	17. INFOR		itor	TOTAL T	Add	ress		
	If yes, give war or dates of serv	vice)		MDC	क्षाका व्यक्ता व	P WITT	TEV ET	מ ד A מיזומי	ווחר ז	MA DUT	A ATTO
NO I	NO		10	MRS.	EVEREIT	r MTT	ilibi P	DERALB	URG, 1		
	TH [Enter anly one coust TH WAS CAUSED BY:	se per line for	r (0), (b), and (c).	1.			0 1				AND DEATH
1/0	IMMEDIATE CAUSE (a)_		reure	Con	oner	y	Vick	user	7	-	0
420.1	DUE TO		1		0	-					0
Conditions, if or			Coron	ran	2 /2	rri	effer	-		2	whi -
gave rise to in cause (o), stoting			My	1	.1.	, ,	,11	~			
lying couse lost.	(c)_	(creero	sell	unter	1/	ent	Der	ne	20	you -
PART II. OTH	IER SIGNIFICANT CONDI	ITIONS CONT	TRIBUTING TO DEAT	H BUT NOT	RELATED TO T	HETERMIN	NAL DISEASE CO	ONDITION GIV	EN IN PAR	P	VAS AUTOPSY ERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE	HOW INJURY OCC	CURRED. (E	nter noture of i	njury in P	art I or Port II	of item 18.)			
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Doy, Year	20d. INJUR	Y OCCURRED 2	De. PLACE	OF INJURY (Ho	me, farm,	20f. (City or	town)	(0	County)	(Stote)
Haur o.m.	19	While at wark	Nat while at work	factory	street, office b	ldg., etc.)				
				00	+ 1/2	1	60 T-	- O.h			
	t (1) (this hospital)					-	60, to Ja				
saw the deceos	ed alive an Jan	- 21	_1961 , and th	hat deat	h occurred	atQ_A_	M, from the	causes ar	d an the	e dote sto	
22d. SIGNATURE	00 1		0/		ATTENDING	ME	D	TAFF			226. DATE SIGNED
22- DUVELGUANG	IVIA	10	met	M.D.	PHYS.	DIR	RECTOR	HYS.			
22c. PHYSICIAN'S NAME (Type)	TT D Man		36 70		22d. ADDRESS						
	H. R. Tra	apne1.	1, M.D.		L Fede	ral	sburg.	Mary	land_		
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23	c. NAME OF CEMET	ERY OR CR	EMATORY		23d. LOCATION	(City, town,	or county)		(State)
BURIAL	1/26/1961	. 1	ORCHESTER	MEMO	DRIAL PA	ARK	CAMBRI	DGE M	ARYT.AI	ND.	
24. FUNERAL DIRECTOR'	S SIGNATURE	ma ma	ADDRESS				BY REGISTRAF	THE RESERVE TO A SECOND	STRAR'S SIG		11.00
LE COMPTE F	TUNERAL SERV	VICE, C	CAMBRIDGE,	MAR	LAND.	DATE E	EB 1 '6	1	Chillen.	S. Firm	Α,

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1 18		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1		416 CERTIFICATE OF DEATH Reg. Dist. No. 00414
I director,		1. PLACE OF DEATH O. COUNTY O. AROLINE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CAROLINE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CAROLINE MARYLAND
be i		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
by the fun	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\bigcircle{\text{NOT}} \) NO (\text{V})
fille ges 1 and		3. NAME OF DECEASED (Type or print) HENRY EARLE SYDTH 4. DATE OF DEATH VAN 13 1961
Po		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVORCED DIVORCED Yrs.
y physician and camplet remove carbon papers. 2 hours after death.	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: Wary Country 12. CITIZEN OF WHAT COUNTRY:
ittending physician and can please remove carbon pap within 72 hours after death.	I	FATHER'S NAME 14. MOTHER'S MAIDENTIAME Taunia (Jalls)
ng phys remov 72 hour		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) Address Real Sunts
igned by the o permit. Then I in any event		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), storing the under-lying couse lost. (c) INTERVAL BETWEEN ONSEI AND DEATH IMPOCAL VALIA IMPOCAL VALIA IMPOCAL VALIA DUE TO DUE TO (c)
ng physician te has been s burial-transit removal, and	0	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO.
o e e		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r this certifor use as crematian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jn. P. m. 19 Of work at work at work 19 of
DIRECTOR: After In the hosp of		21. I certify that I attended the deceased from November, 1960, to January, 1961, that I last saw the deceased alive on 13 January, 1961, and that death occurred at 10 January, 1961, that I last saw the deceased alive on 13 January, 1961, and that death occurred at 10 January, from the causes and on the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Date R. Kollman, M.D.
may be FUNER 4s page 3 shou the registrar		220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State)
A15 (4)		24g. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE DATE DATE ADDRESS DATE DATE
M 9/55	F	DATE THAT I TO SEE THAT I TO SEE THE S

TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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